

Children's Habilitation Intervention Frequently Asked Questions for **Providers**

Question	Answer
How would a provider get the screening and recommendation form when a child changes agencies?	The screening and required recommendation are both child specific and not specific to the agency/provider. If the child has a current prior authorization the new agency will not be required to obtain the screening and recommendation prior to providing services.
Which type of Vineland must be completed as the screening?	The comprehensive interview form must be used with the parent/caregiver for the screening.
Is the family training component of habilitative skill and behavioral intervention allowed for individuals other than the child's parent or legal guardian?	Yes. The family training/coordination component of habilitative skill and behavioral intervention can be provided to others who regularly participate in caring for the child. This can include a step-parent, grandparent and daycare/babysitter.
Can the family training/coordination components of behavioral intervention and habilitative skill be done without the child present, such as in another room of the home?	The written definition of behavioral intervention and habilitative skill does not allow for the family training component of this service to be delivered without the child present.
Can the family training component of behavioral intervention be done with a teacher or school provider?	<p>Yes. Generally speaking this would not occur during school hours while the teacher is working, but a teacher does spend a significant amount of time with a child so this would be allowed.</p> <p>Please note, that the child would be receiving BI (the Intervention provider would be providing BI) but providing the component of family training with the teacher and the child must be present.</p>
What is interdisciplinary training and how is it billed?	<p>Interdisciplinary training is professional instruction to the direct service provider that provides assistance to meet the needs of the child. It is collaboration between direct service providers and must only be provided during the provision of a direct service.</p> <p>This service allows two providers to provide different services to the child, on the same date of service at the same time. The Developmental Disability Agency (DDA) or independent provider will bill interdisciplinary training and the provider (i.e., SLP, OT, etc) will bill for the appropriate procedural code for the direct service.</p>

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What is an example of acceptable billing for Interdisciplinary training?	A speech-language pathologist (SLP) is scheduled for interdisciplinary training with an intervention specialist, the SLP is providing the direct service to the client and bills SLP and the Intervention Specialist bills interdisciplinary training. The providers are both collaborating and cross training each other during the interdisciplinary training.
Can interdisciplinary training be provided to a respite or community-based supports staff?	No. Interdisciplinary training is collaboration between an intervention specialist or intervention professional and a Speech Language and Hearing Professional (SLP), Physical Therapist (PT), Occupational Therapist (OT), medical professional, behavioral or mental health professional.
Can habilitative skill technician deliver interdisciplinary training?	No. A habilitative skill technician can only provide habilitative skill and emergency backup crisis intervention.
Can staff training be done without the child present for crisis intervention?	Yes. This would be allowable based on the way the State Plan definition is written.
When developing a crisis plan, can I complete an additional assessment tool?	Yes. Crisis can be utilized to develop a crisis plan that addresses the behavior occurring and the necessary intervention strategies to minimize the behavior. If additional tools or an analysis is needed to assist in developing the crisis plan, then crisis can be utilized.
Can I complete an assessment in conjunction with crisis intervention? For example, can I update the child's ACTP?	Yes. Crisis can be utilized to create a crisis plan and this information can be added to the ACTP.
For crisis intervention, are things like data analysis, prepping for the session, and creating material billable as crisis hours?	Preparing for an intervention session and analyzing data are not activities that are listed as being reimbursable services as the service of crisis is defined.
Can multiple individuals with different provider qualifications do different parts of the ACTP? For example, can an Evidence-Based Model intervention professional do the VB-MAPP, and an intervention specialist complete the interview? How would the billing structure for this work?	Yes. Each provider qualification can complete different parts of the ACTP and bill accordingly to their provider qualification. When the provider submits the ACTP for prior authorization they will need to identify each provider qualification and number of units to be authorized based on each provider qualification.

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For staff who are currently providing services and will continue to complete assessments and implementation plans, does the agency have to go back and document their "assessment trainings" (10 and 5 hours) or is this only for new staff?	Yes. Rule identifies that in order for an intervention specialist to complete assessments and/or implementation plans they must have documentation of this training and supervised experience.
If a staff has their habilitative intervention Certificate of Completion and they completed the 40-hour Registered Behavior Technician (RBT) training, does that training meet one year (12 hours) of continuing training requirements?	Yes.
If a new staff takes a 40-hour Registered Behavior Technician (RBT) training to become an intervention specialist, can those 40 hours be used to meet the 12 hours of continuing training?	No, this training would be received before the individual meets the competencies and can deliver the service. The continued training requirement is to be applied for individuals once they begin providing intervention services.
Can an individual with a bachelor's degree and experience, but not the competency, continue to provide services as a habilitative skill technician?	Yes. If an individual is gaining the required competency to become an intervention specialist, they are continuing to gain the required experience to become an intervention specialist and they continue to meet the requirements of a habilitative skill technician. *Note that the habilitative skill technician position is limited to a single 18 successive month period.
If someone has taken their first class towards ABA coursework and it is 45 hours, will that one course meet the Department's competency to become an intervention specialist?	No. The 40-hour ABA training must be standardized in content in order for the individual to meet competency to provide the direct intervention service. This information will be further clarified in the Medicaid Provider Handbook.
Does providing habilitative intervention meet the rule requirement for experience in implementing comprehensive behavioral therapies for an individual to meet the minimum requirements for an intervention professional?	Yes.

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I have a potential employee who received their degree outside of the United States. Does their degree meet the rule requirement?	Providers may send all supporting documentation for the individual's degree to FACSCchildrensDD@dhw.idaho.gov and it will be reviewed. The Department will not complete additional research and will make a decision based on the documentation received.
If a child is receiving behavioral intervention and habilitative skill do they have to have two (2) sets of implementation plans?	Yes. In order to ensure that there is not a duplication of services, implementation plans must be created that are unique to each service being provided.
For ongoing prior authorization requests (120/240/annual), will a new prior authorization number be issued?	A new authorization will be issued to the provider.
As an independent provider, how do I get approval to provide a child's family education?	<p>In order for you to be approved to provide this service to a child, you will need to contact their case manager/contractor and get added to the child's plan of service. You will need to sign a provider signature page, indicating that you will be providing the service.</p> <p>Because family education is a Support Service, these authorizations do not go through Telligen, they are identified and approved on the child's support plan of service.</p> <p>For billing this support service, you will do that in DXC, but you will be billing out of the child's budget, rather than a prior authorization which is an approval for intervention services. Once you have signed the signature page, you can provide that service and bill in DXC.</p>
If I have a prior authorization (PA) for habilitative skill, can I have a higher qualified staff provide that service if the habilitative skill staff is not available?	Yes. Because the reimbursement rate is set at one code (with no specific modifier delineating different provider qualifications or level of rate), an EBM paraprofessional (RBT), an intervention specialist, an EBM intervention specialist (BCaBA), an intervention professional or an EBM intervention professional (BCBA), can provide the habilitative skill service and bill off of that PA.
If I have a prior authorization (PA) for behavioral intervention can I have a higher qualified staff provide that service if the habilitative skill staff is not available?	<p>Yes. Please see response above. If a provider has a PA for behavioral intervention (BI) for an intervention specialist and the staff cannot provide services, the DDA can have a higher qualified staff (i.e. and EBM intervention specialist-BCaBA, an intervention professional or an EBM intervention professional-BCBA) provide the BI for that child and bill at the intervention specialist rate as that is what the PA is for.</p> <p>The opposite of these examples would not be allowed. For example, an intervention specialist would not be able to bill on a PA for an intervention professional.</p>

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<p>For a staff who is an EBM intervention paraprofessional (RBT), does completion of the required annual RBT Competency Checklist count as continuing training?</p>	<p>If a staff is receiving training so that they can meet the RBT competency requirements, that training can count towards their continuing training requirements. Please note that simply having a BCBA/BCaBA complete the RBT competency assessment with an RBT is not necessarily training, so completion of that process would not be able to be counted as the RBT receiving training. For example, if a BCBA is observing an RBT complete the tasks while they are with a client for 10 hours, those 10 hours would not count as training-unless training also occurred.</p>
<p>Can I use Vineland scores that are imbedded into an IEP when I submit documentation for prior authorization?</p>	<p>Yes. If a child has had an approved assessment completed and those scores/reports are embedded into other documents, you may use them for your screening and/or your ACTP once, but you would not be able to use scores embedded into other documents the following year. For example, you can use these scores/reports for your initial ACTP, but at your annual ACTP you would need to complete or obtain a skills assessment/developmental assessment in its entirety.</p> <p>Also, if you are using Vineland scores that are embedded into other documents to meet the Screening requirement (i.e. demonstrate the child's need for services), you will need to make sure that you submit that document with your initial prior authorization (PA) request. For example, if you are using the Vineland scores that are embedded into an IEP, then you will need to submit that IEP with your initial PA request.</p>